

## VELAP Request for Additional Fields of Certification – Request Authorization

**INSTRUCTIONS: SUBMIT THIS SIGNED REQUEST AUTHORIZATION PAGE WITH ONE OR MORE REQUEST DETAIL PAGE(S).**

**Laboratory Name:** \_\_\_\_\_

**Laboratory EPA ID:** \_\_\_\_\_ **VELAP ID (if available):** \_\_\_\_\_

VELAP will expand its Fields of Certification (FOC) if required for the purposes of the Virginia Air Pollution Control Law, the Virginia Waste Management Act or the State Water Control Law (§ 10.1-1300 et seq., § 10.1-1400 et seq., and § 62.1-44.2 et seq., respectively of the Code of Virginia).

Is this request due to the requirements listed above? ☐ Yes ☐ No

If Yes: Provide available supporting justification such as facility name(s) and permit number(s) related to request or the specific regulation requiring this request:

\_\_\_\_\_  
\_\_\_\_\_

### **CHECK ONE:**

☐ **INITIAL APPLICATION:** This request was not found in application selections. [Additional fees do not apply for requests made within the initial application process.]

☐ **UPDATE TO APPLICATION:** This request is for a Change in Scope of Certification or Accreditation [Additional Fees Apply. VELAP will invoice the laboratory after the request is processed.]

The laboratory owner or his/her designee has reviewed the current VELAP document at [www.dgs.virginia.gov/dcls](http://www.dgs.virginia.gov/dcls) located under Frequently Asked Questions (FAQ) regarding Information and Fees for Adding Fields of Certification). Fees as described in the FAQ document and in the regulations referenced in the document will be invoiced upon completion of the Change in Scope based fees for associated processing time/labor.

### **FOR ALL UPDATES TO AN EXISTING APPLICATION:**

☐ **PRIMARY CERTIFICATION:** Submit Standard Operating Procedure (SOP), two successful Proficiency Test (PT) studies as specified below, and Demonstration of Capability (DOC) documentation (to include the DOC certification statement, final results, and statistical evaluation where applicable).

☐ **SECONDARY CERTIFICATION:** SOP, DOC, and PT documentation is not required. VELAP must have a copy of the most current Certificate and Scope of Accreditation from the Primary Accrediting Body.

**NOTE: AN INACCURATE REQUEST OR A REQUEST WITHOUT APPROPRIATE SUPPORTING DOCUMENTATION WILL BE RETURNED WITHOUT PROCESSING.**

**TOTAL NUMBER OF FOC REQUEST FORMS WITH THIS COVER PAGE:** \_\_\_\_\_

**Lab Owner's (or designee's) Name & Title:** \_\_\_\_\_

**Lab Owner's (or designee's) Signature & Date:** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

**DATE PROCESSING COMPLETED:** \_\_\_\_\_

**DATE INVOICED (IF APPLICABLE):** \_\_\_\_\_

**DATE CERTIFICATE RE-ISSUED:** \_\_\_\_\_

## VELAP Request for Additional Fields of Certification – Request Detail

Laboratory Name: \_\_\_\_\_

Laboratory EPA ID: \_\_\_\_\_ VELAP ID (if available): \_\_\_\_\_

### REQUESTED FIELD OF CERTIFICATION:

Matrix (select ONE per form): ☐ Drinking Water ☐ Non-Potable Water ☐ Air  
☐ Solid & Chemical Waste ☐ Biological Tissue

Method Name: (ONE per form) \_\_\_\_\_ Ex: EPA 200.7

Method Title or Description: \_\_\_\_\_

Method Revision and/or Date: \_\_\_\_\_

Analyte Name(s) and PT Study: (List analyte(s) and the name of the two PT Studies being submitted for this request.)

Analyte Name	FOR PRIMARY ACCREDITATION ONLY:		FOR SECONDARY ACCREDITATION ONLY:		VELAP INTERNAL USE ONLY:			
	PT Study 1	PT Study 2	Page # of FOA on Primary Certificate	Line # of FOA on Primary Certificate	Primary AB Certified	Approved (Y/N)	Added to DEV	Added to PROD